

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814

February 18, 1975

ALL-COUNTY LETTER NO. 75-39

TO: ALL COUNTY WELFARE DIRECTORS
ALL APL COORDINATORS

OBSOLETE

Superseded by ACL# 77-15

SUBJECT: APL REDETERMINATION SURVEY - SHIPMENT OF CASES

Issued 3-17-77

REFERENCE:

This letter will provide you with information and instructions relevant to your county's preparation and shipment of its APL Survey cases. Fiscal claiming instructions for this activity are also included (Attachment 1) and will be confirmed by a separate fiscal circular letter as well.

Overview

As outlined in All-County Letter No. 74-232, the APL Survey will be completed by State staff in Sacramento. Consequently, the county will ready for shipment the eligibility and grant case folders for those adult aid cases specified on each county's APL computer listing. Each county will be contacted individually to arrange for the shipment and return of its cases in accordance with the schedule given in Attachment 2.

Because the original case record is being transported, our procedures have been designed with special attention to case protection and accountability. Case material will not be removed from the case folder, and case records will not be held indefinitely by the State. All case folders will be returned intact to the county in the box order received within an average of three weeks and not more than two months from the date received. Therefore, the steps outlined below, while requiring special county effort, are necessary to our processing system and survey goals. Attention to these details will ensure the timely and accurate return of county case records.

APL Coordinator

Each county should now have a designated APL Coordinator. Please report any additions or changes in this position to the APL Unit as soon as possible.

Preparation for Shipment

To standardize the shipment process, all counties will receive the materials listed below one to two months in advance of each county's first shipment date. The materials will be delivered to the location designated by the county's APL Coordinator when contacted by the State's APL liaison staff.

Materials:

1. APL Survey Case Listing (two copies). A computer listing of the cases to be sent to Sacramento, both copies for county use. See Exhibit 1.
2. APL Survey Case Labels (one set, one label per case). See Exhibit 2.
3. APL Box Manifest forms (blank).
4. APL Shipment Transmittal forms (blank).
5. Carton materials, pre-labeled and pre-serialized.
6. Packaging tape.
7. State address labels and county return address labels.

Case Labeling

To facilitate internal controls, each case on the APL Survey computer listing has a corresponding, color-coded label sticker (OAS = green, ATD = white, AB = pink). The county will affix this label to the appropriate case on the front of the case folder, at the upper right-hand corner as the case rests in the box (see Exhibit 3).

Cases not labeled or labeled incorrectly will be returned to the county for correction on a flow basis. When relabeled correctly, the case should be sent promptly to the APL address in (1) a large manila envelope if only a few cases are involved, or (2) a regular APL carton if cases are numerous. An "APL Box Manifest" and an APL Shipment Transmittal" will be included as instructed below, and regular U. S. Mail will be used for these small shipments.

Packing

After cases are located and labeled, they will be packed in the serialized APL boxes. All cases will be packed open-side up in the order in which they appear on the APL listing. The box may be packed in either dimension to accommodate either 9½" x 11½" or legal-size case folders. However, a box should not be packed to the point where cases are difficult to remove or replace. Rather, they should be packed somewhat loosely and not beyond the weight at which the average person can comfortably lift and carry the packed box. We suggest 13-16 cases per box as a suitable average.

APL Box Manifest

For each box or envelope, the county will complete an "APL Box Manifest" and place it in front of the first case. See Exhibit 4 for instructions on completing this form.

Box Labeling and Wrapping

Each box will have three labels affixed to it when ready for shipment. One is the APL Serial Label already affixed to the box when received by the county. See Exhibit 5 for instructions on completing this label.

The second label is the State Address Label. See Exhibit 6A. The county will affix this label to the outside top of the lid. The third label is for the county return address information. This address should indicate the location to which the county wants each particular box returned. See Exhibit 6B for instructions on completion and placement. For this label, the county may want to produce an address stamp to fit a 3" x 1 3/8" area.

The box will be bound with tape as shown in Exhibit 7.

Shipment

Please note your county's shipment date(s) on Attachment 2, Shipment Schedule. On these dates, the boxed cases shall be ready for pickup. Each county will be contacted individually as to the shipment arrangements being made for that county's cases. However, counties with under 200 cases may anticipate using the U.S. Mail. Shipment should not be made by the county prior to contact by the APL liaison staff, except in the case of returning label correction cases.

APL Shipment Transmittal

When the shipment is ready for pickup, an "APL Shipment Transmittal" form will be completed by the county. See Exhibit 8 for instructions on completing this form. If shipment is to be sent by mail, the white and yellow copies will be placed inside the lowest numbered box in the shipment. If shipment is to be picked up by carrier, the white and yellow copies will be given to the trucker. The pink copy will be retained for the county's records.

Accountability

Upon receipt, the State will verify that all boxes indicated on the Shipment Transmittal have been received. If correct, the State will then acknowledge receipt by return of the yellow copy, appropriately marked. If incorrect, the State will return the yellow copy, indicating any missing or extra boxes, and consult the county's APL Coordinator for resolution.

In the next processing step, the box contents will be checked against the APL Box Manifest for completeness. The manifest will be altered to reflect any discrepancies. The APL Coordinator will be consulted for resolution of any discrepancies as necessary.

After processing of the cases, the box contents will again be checked against the box manifest in order to assure completeness before return shipment to the county. An APL Shipment Transmittal (white and yellow copies) will accompany the return shipment. The county will acknowledge receipt by completing the receiver portion of the form and returning the yellow copy to the State. It may keep the white copy for its records.

Missing Cases

If the county is unable to locate a case in time for the shipment date, the county will follow the same instructions as for returning mis-labeled cases after correction, i.e., the case will be mailed as soon as it is located. Efforts to locate missing cases will continue until all such cases are found.

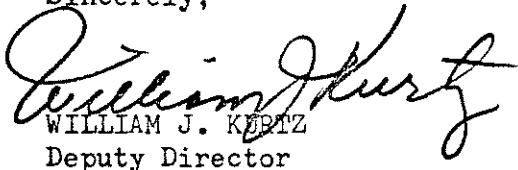
In-Use Cases

If a particular case is required for another more urgent activity, such as an audit, contact the APL liaison staff for special handling instructions.

Contacting APL

Questions regarding these instructions or the APL Survey in general may be directed to the APL Unit at (916) 322-4220 or (ATSS) 492-4220.

Sincerely,


WILLIAM J. KERTZ
Deputy Director

Attachments

cc: CWDA

Fiscal Claiming Instructions

As you are aware, the APL review is being required by the Social Security Administration and is eligible for 100 percent reimbursement based on the County Cost Allocation Plan. The procedure for receiving this reimbursement will be as follows:

1. Use of Clerical Personnel

- a. All clerical staff time spent on APL (on a monthly basis) must be shown on the Eligibility Worker Time Study and identified as APL. New time studies (DFA 43) which identify subcomponents of the SSI/SSP program have been developed and sent to the counties. All time spent on APL must be recorded to Line K3 of the new time study, and the remainder of the time spent by these workers on clerical functions other than APL must be recorded to Line Q, Nonallocable.
- b. At the end of each quarter, determine (1) the combined salaries (all three months) of all APL clerical workers, (2) number of hours spent on APL, and (3) total number of hours worked by this personnel during the quarter. The next step is to divide the number of hours spent on APL by the total number of hours worked during the period. The ratio obtained is used as the basis for determining the amount of these salaries eligible for 100 percent federal reimbursement. Assuming that the ratio obtained is .85 and the combined salaries for the period is \$10,000 then \$8,500 ($.85 \times \$10,000$) would be claimed on the DFA 325.2, Group III, Direct Costs, B. Eligibility and Nonservice, 1. Personal Services. The amount should be identified as APL Review for the SSI/SSP program. The balance of the salaries, \$1,500 (\$10,000 minus \$8,500) is to be included in Group II A. 1. Clerical Support.
- c. In using this method, the hours recorded on the DFA 43 by each APL clerical worker are used only to determine the amount of cost eligible for 100 percent federal reimbursement. These same hours are not to be used in the development of the DFA 323, Eligibility Time Study Summary and Program Ratios.

2. Freight Costs

The freight cost of shipping the necessary cases to the State is also eligible for 100 percent reimbursement. However, funds for freight are from a different source than funds for personnel involved in the review. Therefore, freight costs will be paid by the State.

Each county will be provided a method of shipping the necessary cases without incurring a county cost. The two methods now available include the following:

- a. A state vehicle will pick up the cases for a county on a prearranged date.
- b. If feasible, franked labels will be provided to ship a small number of cases.

Details of how each county should ship cases will be provided by the state APL Unit. If a county elects to ship the necessary cases by a method other than one provided by the APL Unit, reimbursement will be based on the cost allocation plan and may not be 100% funded since the cost will be allocated to all programs.

If you have any questions regarding these claiming instructions, please contact Dick Lowry at (916) 445-7046.

Case Review Schedule (by Month/Route)

<u>Month</u>	<u>Route</u>	<u>Cases</u>	<u>Review Team</u>	<u>Weight in lbs.</u>	<u>Boxes</u>	<u>Reg</u>
(1)	<u>South/Central I = 10,766 cases</u>					
	Direct Mail	1,500	I, II, IV	(2,325.8)	(124)	No/C
	San Diego ATD	3,600	II	5,580.0	277	Sout
	Imperial	953	IV	1,477.2	74	Sout
	Fresno OAS/AB	1,748	IV	2,709.4	135	Cent
	San Joaquin ATD	2,965	I	4,595.8	229	Cent
				<u>14,362.4</u>	<u>715</u>	
				(not incl. mail)	(not incl. mail)	
(2)	<u>South/Central II = 11,999 cases</u>					
	San Diego OAS/AB	2,514	II	6,936.3	345	Sout
	San Diego ATD bal.	1,961	II		266	Cent
	Fresno ATD	3,455	IV	5,355.3	91	Cent
	San Joaquin OAS/AB	1,173	I	1,818.2	223	Nort
	Sacramento OAS/AB	1,769	I	4,488.8		
	Sacramento ATD	1,127	I			
				<u>18,598.6</u>	<u>925</u>	
(3)	<u>North = 10,570 cases</u>					
	Sacramento ATD bal.	3,600	I	5,580.0	277	Nort
	Siskiyou	281	II	435.6	22	Nort
	Shasta	813	II	1,260.2	63	Nort
	Tehama	294	II	455.7	23	Nort
	Butte	1,118	II	1,732.9	86	Nort
	Sutter	297	II	460.4	23	Nort
	Yuba	495	II	<u>767.3</u>	<u>39</u>	Nort
	Subtotal			5,112.1	256	
	Placer	569	IV	882.0	44	Nort
	Nevada	296	IV	458.8	23	Nort
	El Dorado	317	IV	491.3	25	Nort
	Yolo	662	IV	<u>1,026.1</u>	<u>51</u>	Nort
	Subtotal			2,858.2	143	Nort
	Humboldt	991	IV	1,536.0	77	Nort
	Mendocino	590	IV	914.5	46	Nort
	Lake	247	IV	<u>382.9</u>	<u>19</u>	Nort
	Subtotal			2,833.4	142	
	TOTAL			16,383.7	818	

(4) Bay Area I = 11,277 cases

San Francisco	OAS/AB	3,715	II	5,758.3	286	Bay
Contra Costa	ATD	3,351	I	5,194.0	258	Bay
Napa		620	I	961.0	48	Bay
Sonoma		1,718	IV	2,662.9	133	Bay
Marin		813	IV	1,260.2	63	Bay
Solano		1,060	IV	1,643.0	82	Bay
				<u>17,479.4</u>	<u>870</u>	

(5) Bay Area II = 10,467 cases

San Francisco	ATD	2,813	II	4,360.2	217	Bay
Contra Costa	OAS/AB	972	I	1,506.5	75	Bay
Alameda	OAS/AB	2,843	IV	5,671.5	282	Bay
Alameda	ATD	816	IV	4,685.7	233	Bay
San Mateo		3,023	I	<u>16,223.9</u>	<u>807</u>	

(6) Bay Area III = 10,484 cases

San Francisco	ATD	3,600	II	5,580.0	277	Bay
Alameda	ATD	3,600	IV	5,580.0	277	Bay
Santa Clara	OAS/AB	1,927	I	5,090.2	253	Bay
Santa Clara	ATD	1,357	I	<u>16,250.2</u>	<u>807</u>	

(7) Bay Area IV = 10,700 cases

San Francisco	ATD bal.	3,600	II	5,580	277	Bay
Alameda	ATD bal.	3,500	IV	5,425	270	Bay
Santa Clara	ATD bal.	3,600	I	<u>5,580</u>	<u>277</u>	Bay
				<u>16,585</u>	<u>824</u>	

(8) Middle Coast (& Bakersfield) = 10,435 cases

Santa Cruz		1,139	IV	1,765.5	88	Centra
Monterey		1,397	IV	2,165.4	108	Centra
San Luis Obispo		848	IV	1,314.4	66	Centra
Santa Barbara		1,526	II	2,365.3	118	South
Ventura		2,034	II	3,152.7	157	South
Kern		3,491	I	<u>5,411.0</u>	<u>269</u>	Centra
				<u>16,174.3</u>	<u>806</u>	

(9) South/Central III = 11,517 cases

San Bernardino	ATD	3,516	IV	5,449.8	271	South
Riverside	OAS/AB	1,420	II	2,201.0	110	South
Orange	ATD	3,038	I	4,708.9	234	South
Tulare		2,867	II	4,443.9	221	Centra
Kings		676	I	<u>1,047.8</u>	<u>52</u>	Centra
				<u>17,851.4</u>	<u>888</u>	

(10) South/Central IV = 10,971 cases

San Bernardino	OAS/AB	1,806	IV	2,799.3	139	South
Riverside	ATD	2,926	II	4,535.3	226	South
Orange	OAS/AB	1,637	I	2,537.4	126	South
Madera		862	II	1,336.1	67	Centra
Merced		1,217	IV	1,886.4	94	Centra
Stanislaus		2,523	I	3,910.7	195	Centra
				<u>17,005.2</u>	<u>847</u>	

(1) through (10): L.A. @ 7,043 cases/mo. (plus 2 = 70,432 total cases), Review Team III,
10,916.7 lbs/mo., 542 boxes/ mo.

Case Review Schedule (By County)

COUNTIES	Number of cases	Number of Shipments	Review Month(s)	Review Team	Major Region
ALAMEDA	10,759	3	5, 6, 7	IV	Bay
ALPINE	8	1	1 (mail)	I	Central
AMADOR	68	1	1 (mail)	I	Central
BUTTE	1,118	1	3	II	North
CALAVERAS	112	1	1 (mail)	I	Central
COLUSA	91	1	1 (mail)	I	North
CONTRA COSTA	4,323	2	4, 5	I	Bay
DEL NORTE	157	1	1 (mail)	I	North
EL DORADO	317	1	3	IV	North
FRESNO	5,203	2	1, 2	IV	Central
GLENN	121	1	1 (mail)	IV	North
HUMBOLDT	991	1	3	IV	North
IMPERIAL	953	1	1	IV	South
INYO	123	1	1 (mail)	IV	Central
KERN	3,491	1	8	I	Central
KINGS	676	1	9	I	Central
LAKE	247	1	3	IV	North
LASSEN	113	1	1 (mail)	IV	North
LOS ANGELES	70,432	10	1 thru 10	III	South
MADERA	862	1	10	II	Central
MARIN	813	1	4	IV	Bay
MARIPOSA	56	1	1 (mail)	IV	Central
MENDOCINO	590	1	3	IV	North
MERCED	1,217	1	10	IV	Central
MODOC	79	1	1 (mail)	IV	North
MONO	21	1	1 (mail)	IV	Central
MONTEREY	1,397	1	8	IV	Central
NAPA	620	1	4	I	Bay
NEVADA	296	1	3	IV	North
ORANGE	4,675	2	9, 10	I	South
PLACER	569	1	3	IV	North
PLUMAS	133	1	1 (mail)	II	North
RIVERSIDE	4,346	2	9, 10	II	South
SACRAMENTO	6,496	2	2, 3	I	North
SAN BENITO	154	1	1 (mail)	II	Central
SAN BERNARDINO	5,322	2	9, 10	IV	South
SAN DIEGO	8,075	2	1, 2	II	South
SAN FRANCISCO	13,728	4	4, 5, 6, 7	II	Bay
SAN JOAQUIN	4,138	2	1, 2	I	Central
SAN LUIS OBISPO	848	1	8	IV	Central
SAN MATEO	3,023	1	5	I	Bay
SANTA BARBARA	1,526	1	8	II	South
SANTA CLARA	6,884	2	6, 7	I	Bay
SANTA CRUZ	1,139	1	8	IV	Central
SHASTA	813	1	3	II	North
SIERRA	21	1	1 (mail)	II	North
SISKIYOU	281	1	3	II	North
SOLANO	1,060	1	4	IV	Bay
SONOMA	1,718	1	4	IV	Bay
STANISLAUS	2,523	1	10	I	Central
SUTTER	297	1	3	II	North
TEHAMA	294	1	3	II	North
TRINITY	60	1	1 (mail)	II	North
TULARE	2,867	1	9	II	Central
TUOLUMNE	183	1	1 (mail)	II	Central
VENTURA	2,034	1	8	II	South
YCLO	662	1	3	IV	North
YUBA	495	1	3	II	North
GRAND TOTAL	179,618	81			

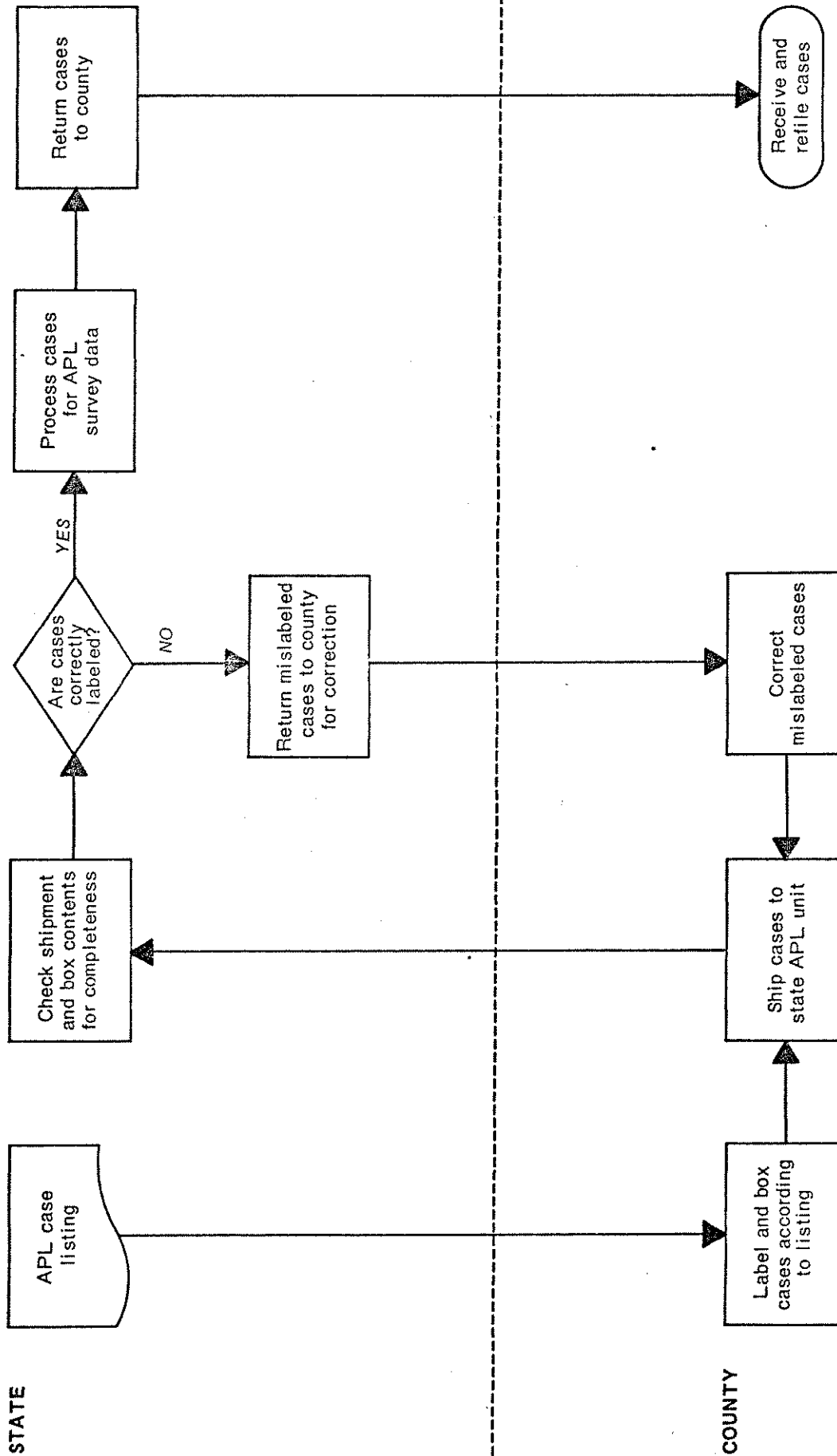
APL SHIPMENT PICK-UP/DELIVERY DATES

County	Pick-up dates (in County)	Delivery dates (in Sacramento)
ALAMEDA	7/3;8/1;9/2	7/3;8/1;9/2
ALPINE	(mail)	3/10
AMADOR	(mail)	3/10
BUTTE	4/22	4/24
CALAVERAS	(mail)	3/10
COLUSA	(mail)	3/10
CONTRA COSTA	6/2;7/2	6/2;7/3
DEL NORTE	(mail)	3/10
EL DORADO	4/24	4/24
FRESNO	3/7;4/4	3/7;4/4
GLENN	(mail)	3/10
HUMBOLDT	4/28	4/30
IMPERIAL	3/5	3/7
INYO	(mail)	3/10
KERN	10/2	10/3
KINGS	11/20	11/21
LAKE	4/29	4/30
LASSEN	(mail)	3/10
LOS ANGELES	3/18;4/15;5/13;6/10;7/8;8/5; *	3/19;4/16;5/14;6/11;7/9;8/6; *
MADERA	12/15	12/16
MARIN	6/3	6/3
MARIPOSA	(mail)	3/10
MENDOCINO	4/29	4/30
MERCED	12/16	12/16
MODOC	(mail)	3/10
MONO	(mail)	3/10
MONTEREY	9/30	9/30
NAPA	6/3	6/4
NEVADA	4/23	4/24
ORANGE	11/4;12/2	11/5;12/4
PLACER	4/24	4/24
PLUMAS	(mail)	3/10
RIVERSIDE	11/4;12/2	11/5;12/4
SACRAMENTO	2/10 and following	2/10 and following
SAN BENITO	(mail)	3/10
SAN BERNARDINO	11/4;12/3	11/5;12/4
SAN DIEGO	3/6;4/3	3/7;4/4
SAN FRANCISCO	6/2;7/2;8/1;9/2	6/2;7/3;8/1;9/2
SAN JOAQUIN	3/3;3/31	3/3;3/31
SAN LUIS OBISPO	10/1	10/3
SAN MATEO	7/11	7/11
SANTA BARBARA	10/2	10/3
SANTA CLARA	7/31;9/3	7/31;9/3
SANTA CRUZ	9/29	9/30
SHASTA	4/22	4/24
SIERRA	(mail)	3/10
SISKIYOU	4/21	4/24
SOLANO	6/4	6/4
SONOMA	6/3	6/4
STANISLAUS	12/16	12/16
SUTTER	4/23	4/24
TEHAMA	4/22	4/24
TRINITY	(mail)	3/10
TULARE	11/20	11/21
TUOLUMNE	(mail)	3/10
VENTURA	10/2	10/3
YOLO	4/30	4/30
YUBA	4/23	4/24

* (L.A. Continued) 9/11;10/9;11/13;12/9

* (L.A. Continued) 9/12;10/10;11/14;12/10

APL SURVEY FLOW CHART



APL STATE LIAISON

Each county APL coordinator will have a state liaison person assigned from the APL Administrative Section. Any questions regarding APL should be directed to the county's liaison at (916) 322-4220. The people assigned to this function are:

Dave Foster
Harriet Hopgood
Pat Masuda
Gary Pettigrew

<u>COUNTIES</u>	<u>STATE LIAISON</u>	<u>COUNTIES</u>	<u>STATE LIAISON</u>
Alameda	Hopgood	Orange	Pettigrew
Alpine	Pettigrew	Placer	Hopgood
Amador	Pettigrew	Plumas	Foster
Butte	Foster	Riverside	Foster
Calaveras	Pettigrew	Sacramento	Pettigrew
Colusa	Pettigrew	San Benito	Foster
Contra Costa	Pettigrew	San Bernardino	Hopgood
Del Norte	Pettigrew	San Diego	Foster
El Dorado	Hopgood	San Francisco	Foster
Fresno	Hopgood	San Joaquin	Pettigrew
Glenn	Hopgood	San Luis Obispo	Hopgood
Humboldt	Hopgood	San Mateo	Pettigrew
Imperial	Hopgood	Santa Barbara	Foster
Inyo	Hopgood	Santa Clara	Pettigrew
Kern	Pettigrew	Santa Cruz	Hopgood
Kings	Pettigrew	Shasta	Foster
Lake	Hopgood	Sierra	Foster
Lassen	Hopgood	Siskiyou	Foster
Los Angeles	Masuda	Solano	Hopgood
Madera	Foster	Sonoma	Hopgood
Marin	Hopgood	Stanislaus	Pettigrew
Mariposa	Hopgood	Sutter	Foster
Mendocino	Hopgood	Tehama	Foster
Merced	Hopgood	Trinity	Foster
Modoc	Hopgood	Tulare	Foster
Mono	Hopgood	Tuolumne	Foster
Monterey	Hopgood	Ventura	Foster
Napa	Pettigrew	Yolo	Hopgood
Nevada	Hopgood	Yuba	Foster

APL SURVEY CASE LISTING

Cases will be listed continuously, double-spaced. Below is an example of how a case will appear on the listing.

Example:

APL-NO.	CO.	72-73 AID	CASE-NO.	STATUS	GRANT	SSN (CID)	BIRTH	SEX	NAME, MPF FILE	NAME, CID FILE
0179619	59	00	00	10	9169170	000000001	01/01/01	M	ALPHA P LIMA	LIMA ALPHA P

DATA ELEMENTS:

APL-NO. = 7 digits, state-assigned number

CO. = County number

72-73 = District codes on record for Jan 1972 and Dec 1973.

AID = Aid codes. 10=OAS, 20=AB, 60=ATD.

CASE-NO. = County case number.

STATUS = Blank

GRANT = Blank

SSN (CID) = Social Security number, as it appeared on the Jan 1972 CID record.

BIRTH = Date of birth, month/day/year.

SEX = May be 1 or 2, or M or F.

NAME, MPF FILE = Case name (first, middle, last) as it appears on the Sept 1971 Master Persons File.

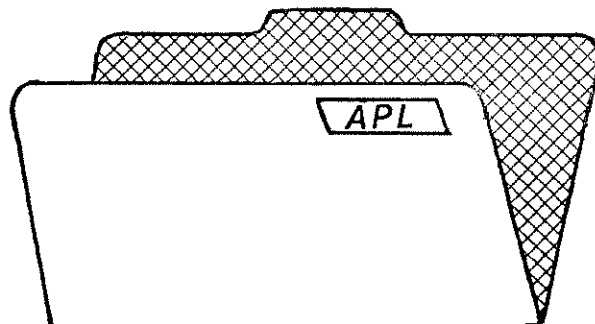
NAME, CID FILE = Case name (last, first, middle) as it appears on the Jan 1972 CID file.

EXHIBIT 2: APL CASE LABEL

APL #0179619
LIMA ALPHA P
CASE #59 10 0916917

EXHIBIT 3: AFFIXING THE APL CASE LABEL TO THE CASE FOLDER

INSTRUCTIONS: Attach the APL case label to the front upper right-hand corner of the case folder as case rests on its edge.



APL BOX MANIFEST

Questions about this material may be made by
telephoning (916) 322-4220.

NAME OF COUNTY	NUMBER OF CASES IN THIS BOX <div style="border: 1px solid black; width: 100px; height: 50px; margin: 10px auto;"></div>
BO. ABER	
AID (CHECK ONE) <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 60	

BOX CONTAINS (CHECK ONE)

A. ☐ APL # _____ through APL # _____ except _____ cases listed below.
TOTAL NUMBER

B. ☐ All cases listed below.

APL NUMBER	APL NUMBER
1.	11.
2.	12.
3.	13.
4.	14.
5.	15.
6.	16.
7.	17.
8.	18.
9.	19.
10.	20.

NAME OF PERSON COMPLETING THIS FORM	TELEPHONE	DATE
-------------------------------------	-----------	------

STATE USE ONLY

INCOMING	OUTGOING
<input type="checkbox"/> OK	<input type="checkbox"/> OK - Send
<input type="checkbox"/> Correction Made	<input type="checkbox"/> Hold
	<input type="checkbox"/> Resolved - Send

COMMENTS

EXHIBIT #4 INSTRUCTIONS: APL BOX MANIFEST

1. This form will be completed for each box or envelope of cases sent to Sacramento for the APL Survey.
2. Items to complete:
 - a. Fill in county NAME.
 - b. Fill in the APL box # that appears on that box's serialized label. (See Exhibit 5 for location of serial number.)
 - c. Check the aid category of the cases in the box. More than one aid category may be checked. (10 = OAS, 20 = AB, 60 = ATD)
 - d. Count the cases in the box. Fill in this number in the square provided. Use large numerals.
 - e. Use the "Box contains" block in the following manner.
 - (1) If the cases are consecutive with no exceptions, check Box "A". Then enter the APL numbers of the first and last cases in the box. STOP. Go to Step 2f.
 - (2) If the cases are mostly consecutive with only a few exceptions, check Box "A". Then enter the APL numbers of the first and last cases. Count up the number of missing APL numbers and enter that number in the space after "except". List each missing APL number in the spaces provided below, one per line. However, you may list a block of omitted cases on one line as shown in the example.

EXAMPLE:

A. ☒ APL# 10300 through APL # 10320 except 7 cases listed below.

 1. 10303
 2. 10305-10310
 - (3) If the cases are not mostly consecutive, check Box "B". List all cases in the spaces provided below, one per line. However, you may list blocks of consecutive cases on one line as shown here.

EXAMPLE:

B. ☒ All cases listed below.

 1. 10330
 2. 10332
 3. 10334-10340
 - f. Fill in the name and phone number of person completing the form and the date that it is completed.
3. This form is to be placed in front of the first case in the box or envelope.
4. You may wish to retain a copy of the APL Box Manifest for your records.

EXHIBIT 5: APL BOX SERIAL LABEL

INSTRUCTIONS:

1. This label will be already affixed to the APL box when received by the county.
2. When the box is packed, fill in the following information:
 - a. County NAME.
 - b. The first and last APL numbers packed in that box.
 - c. Circle the aid category of the cases in that box. (More than one aid may be circled.)

10=OAS, 20=AB, 60=ATD.

County _____

10

APL # _____ thru _____

20

60

APL

No. 12345

EXHIBIT 6: STATE ADDRESS LABEL

INSTRUCTIONS:

Label A 1. Place this label in the center of the box lid.

Label B 1. Place Label B above and to the left of Label A.

2. Fill in the county return address. (This should be the address to which you want that particular box returned.)

3. Use same procedure for Manila envelopes when used.

A.

TO:

APL REVIEW CENTER
3301 S Street
SACRAMENTO, CA 95816

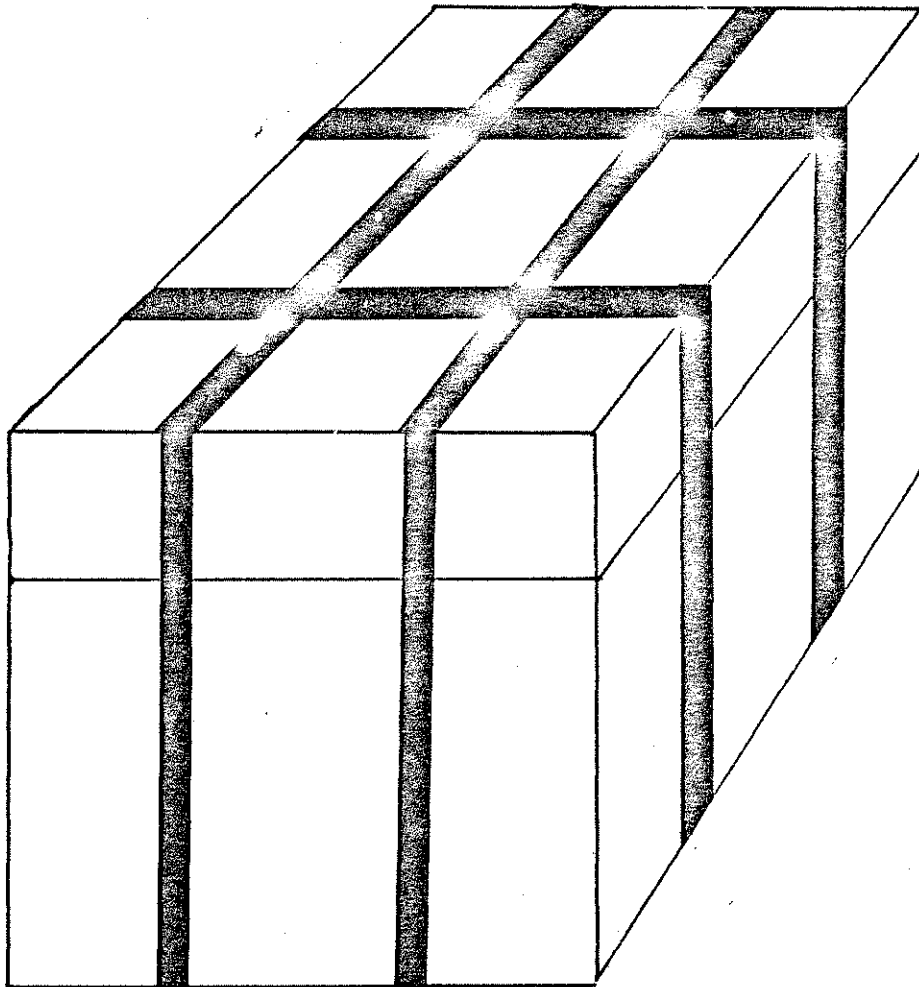
B.

FROM:

EXHIBIT 7: WRAPPING THE BOX

INSTRUCTIONS:

When box has been packed (including the APL Box Manifest) and labeled, it should be secured with tape in the following manner:



SENDER COMPLETES (Press firmly or type):

TO:

FROM:

INSTRUCTIONS: Sender retains pink copy. Receiver retains white copy and returns yellow copy to sender

Questions about this shipment may be made by telephoning (916) 322-4220

NAME OF COUNTY	NUMBER OF BOXES IN SHIPMENT <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto;"></div>
DATE OF SHIPMENT	

SHIPMENT INCLUDES (CHECK ONE)

A. ☐ Box # _____ through Box # _____ except _____ boxes listed below.
TOTAL NUMBERB. ☐ All boxes listed below.

BOX NUMBER	BOX NUMBER	BOX NUMBER	BOX NUMBER
1.	11.	21.	31.
2.	12.	22.	32.
3.	13.	23.	33.
4.	14.	24.	34.
5.	15.	25.	35.
	16.	26.	36.
7.	17.	27.	37.
8.	18.	28.	38.
9.	19.	29.	39.
10.	20.	30.	40.

NAME OF PERSON COMPLETING THIS FORM	TELEPHONE	DATE
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COMMENTS

RECEIVER COMPLETES:

RECEIVED BY SHIPPER	RECEIVED AT DESTINATION	DISCREPANCIES
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> Date:	 Date:	

EXHIBIT #8: INSTRUCTIONS

Sending:

1. Complete as many of these forms as are needed per each shipment or mailing.
2. Items to be completed:
 - a. Circle "FROM".
 - b. Fill in county NAME.
 - c. Fill in date that shipment is due, i.e., March 1, April 1, etc.
 - d. Count up the number of boxes in shipment and enter this number in square provided. Use large numerals.
 - e. Use the "Shipment Includes" box in the following manner:
 - (1) If the boxes are all in consecutive order, check Box "A". Enter the lowest box number and the highest box number in the spaces provided. Stop. Go to Step 2f.
 - (2) If the boxes are mostly consecutive with only a few exceptions, check Box "A". Fill in the lowest and highest box number in the spaces provided. Count up the number of missing box numbers and enter that number in the space after "except". Then list each missing box number in the spaces beneath, one per line. However, you may list a block of omitted boxes on one line as follows:
 - A. ☒ Box # 600 through Box # 700 except 7 boxes listed below.
 1. 603
 2. 605-610
 - (3) If the boxes are not mostly consecutive, check Box "B". List all box numbers in the spaces provided, one per line. You may write blocks of consecutive boxes on one line as follows:
 - B. ☒ All boxes listed below.
 1. 630
 2. 632
 3. 634-640
 - f. Fill in name and phone number of person completing the form and the date it is completed.
 3. If shipment is to be picked up by the state, the form should be given to the shipper, who will return the pink copy at time of pickup.

4. If the shipment is to be sent by regular mail, complete the form and retain the pink copy. Place the white and yellow copies in the lowest numbered box of the shipment, in front of the APL Box Manifest. If more than one form is used, attach them together securely before packing.

RECEIVING

1. When the cases are returned, the white and yellow copies of this form will accompany the shipment.
2. At the bottom of the form, the person receiving the shipment will complete the box headed "Received at Destination" by signing his name and date received.
3. Any discrepancies between what is received and what is listed on the form as sent should be noted in the box headed "Discrepancies". The APL liaison staff should then be contacted for resolution.